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Federally required changes to the Policy and Procedures for Responding To Allegations of Research Misconduct, Policy #529-900

1 message

VCRed <vcred@ucr.edu>

Tue, Oct 14, 2025 at 3:14 PM

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Dear UCR Academic Senate Chair Barish,

Because of changes in federal regulations we are required to modify our current policy #529-900, Policy and Procedures for Responding To Allegations of Research Misconduct. A new policy needs to be in place by the end of this calendar year. We have been working of the modification and needed to wait on the final overarching policy from UCOP before finalizing ours, what we have now done.

Please find enclosed the following documents:

- The current 529-900 policy (529-900.12-2023)
- A redline version (RM Redline 10-11-25) of it with the changes proposed
- The draft new proposal (UCR Research Misconduct Policy - 10-2-25-clean), which is easier to read than redline version
- A summary of the major changes (ChangesSummary-529-900_9.2.2025)

Though the policies looks very different, I would like to emphasize that many changes are just due to the formatting of the new policy. In addition to the required changes by the federal government explained the in the summary document, other changes included are actual clarification of our existing policy based on the procedures that have been consistently followed over the years on parts where the current policy is silent or not explicit. We hope the new drafted document will be easier to interpret and follow in addition to complying with the new regulations. The new document has been vetted with UCR Chief Compliance and Legal Affairs offices to make sure it is consistent with other UC and UCR policies and procedures too.

Because of the pending deadline we would appreciate very much any expedition on the review process that the senate could accommodate. Many thanks for your attention to this important matter and please do not hesitate to contact me if you have any questions.

Sincerely,

Rodolfo Torres

Rodolfo H. Torres

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Research and Economic Development
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4 attachments**529-900.12-2023.pdf**

172K

**RM Redline 10-11-25.docx**

140K

**UCR Research Misconduct Policy - 10-2-25-clean.docx**

116K

**ChangesSummary_529-900_9.2.2025.docx**

24K

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Policy#: 529-900

Title: Policy and Procedures for Responding To Allegations of Research Misconduct

Effective: 12/15/2023

Link: <http://redit.ucr.edu/OrApps/RED/Policies.aspx?k=31>

POLICY AND PROCEDURES FOR RESPONDING TO ALLEGATIONS OF RESEARCH MISCONDUCT

Adopted November 1st, 2006; Update 12/12/2023

I. INTRODUCTION

A. Preamble

The University of California Riverside Policy on Integrity in Research, adopted on June 19, 1990, provides that “The University will continue to take prompt and vigorous action to investigate and address allegations of misconduct in research.”

The Policy on Integrity in Research further provides that “Campuses and Laboratories shall have necessary policy and procedures to provide appropriate responses to allegations of misconduct in research. Such policy and procedures should specify how pertinent University policies and procedures will be used to address allegations of misconduct in research by faculty, students, and staff. When extramural funds are involved, local policy and procedures also should comply with conditions of the award, including applicable regulations issued by the sponsor of the research.”

Under the University of California Policy in Integrity of Research, “Chancellors and Laboratory Directors, or their designees, shall be responsible for implementation of this Policy, which may include the consideration of initial reports of misconduct and, when necessary, the referral or initiation of formal investigations. Local policy and procedures should clarify available mechanisms for imposing appropriate sanctions or discipline on individuals when the allegation of misconduct has been substantiated. Chancellors and Laboratory Directors, or their designees, shall refer to the University Policy and Procedures for Reporting Improper Governmental Activities and Protection Against Retaliation for Reporting Improper Activities to ensure coordination of allegations of misconduct which may be reported under that Policy and to advise on the procedures to protect against retaliation.”

To maintain and promote research integrity, and to comply with Federal sponsor regulations, we reaffirm our commitment to upholding the highest ethical, professional and legal standards in the conduct of research, and to specifying the procedures and appropriate safeguards for handling investigations of research misconduct.

The following procedures conform to the United States Public Health Service (Department of Health and Human Services) regulations at 42 Code of Federal Regulations (CFR) Part 93. While 42 CFR Part 93 applies to all individuals who may be involved with a project supported by, or who have submitted a grant application to, the Public Health Service (PHS), campus policy applies to all individuals engaged in University research whatever the funding source.

B. Campus Policy and Procedures: Scope and Application

1. University policies establish standards of ethical behavior for all members of the University community and prescribe procedures for due process and discipline for deviation from those standards. The UCR Policy and Procedures For Responding To Allegations Of Research Misconduct (hereafter referred to as the “Policy”) deals with violations of a subset of these standards and governs conduct in connection with all research, broadly defined, including but not limited to the preparation of proposals and their submission for funding, all aspects of conducting research, reviewing research, and the publication of results.
2. The Policy is intended to define the three increasingly formal stages – the Preliminary Assessment, the Inquiry, and the Investigation – of UCR’s response to Allegations of Research Misconduct. The goal is to respond to such Allegations in a manner that is expeditious, thorough, competent, objective, and fair; and to maintain appropriate confidentiality, avoid conflicts of interest, and balance the interests of all involved, including the Respondent, members of the University community, relevant government agencies, and the general scientific community.
3. This Policy supersedes and replaces the October 15, 1990 UCR Policy on Integrity in Research.

C. Research Misconduct.

1. Definition. **Research Misconduct** means fabrication, falsification, or plagiarism, in proposing, performing, or reviewing research, or in reporting research results.
 - a. **Fabrication** is making up data or results and recording or reporting them.
 - b. **Falsification** is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
 - c. **Plagiarism** is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit.
 - d. Research Misconduct does not include honest error or differences of opinion.
2. Requirements for a Finding of Research Misconduct. A finding of Research Misconduct requires that:
 - a. There be a significant departure from accepted practices of the relevant research community;
 - b. The misconduct be committed intentionally, knowingly, or recklessly; and
 - c. The Allegation be proven by a preponderance of the evidence. “Preponderance of the evidence” means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.

D. Maintaining confidentiality of the proceedings

Research Misconduct proceedings are to be treated as confidential. No participant in such proceedings shall reveal or disclose the identity of the Complainant, the Respondent or witnesses, the nature of the Allegation, the evidence, or the deliberations of any decision maker, other than to individuals who have a legitimate need for such information in order to conduct the Research Misconduct proceeding or as may be required by law.

II. AUTHORITY AND RESPONSIBILITY FOR OVERSIGHT AND IMPLEMENTATION OF THE POLICY AND PROCEDURES

A. The Chancellor has delegated to the Vice Chancellor for Research (VCR) administrative authority with respect to the oversight, implementation, maintenance and updating of the Policy, in furtherance of the University's obligations and responsibilities.

Among other things, the VCR shall be responsible for:

1. Coordinating all procedures related to Allegations of Research Misconduct by anyone performing research under the campus' sponsorship;
2. Fostering a research environment that discourages misconduct in all research;
3. Disseminating policy and maintaining records related to misconduct in research;
4. Appointing committees with appropriate expertise to evaluate evidence of, and issues related to, Allegations of Research Misconduct, avoiding real or apparent conflicts of interest among those involved, and assuring that a full and complete Inquiry, Investigation, and resolution process is conducted;
5. If extramural funds are involved, determining whether law, regulation, or the terms or conditions of the award require notification of the sponsor, specify time limits, or require other actions to assure compliance with externally imposed requirements, and, if so, coordinating the Inquiry and Investigation with all involved individuals and offices to assure compliance;
6. Assuring appropriate confidentiality or anonymity, fairness and objectivity of proceedings;
7. Maintaining confidentiality of records, in accord with established University policy, relating to the Inquiry, Investigation and resolution of Allegations of Research Misconduct;
8. If appropriate or required, notifying concerned parties such as sponsors, co-authors, collaborators, editors, licensing boards, professional societies, and criminal authorities of the outcome of Investigations.
9. Protecting, to the maximum extent possible, the positions and reputations of those persons who, in good faith, make Allegations of Research Misconduct, and restoring the reputation of persons alleged to have engaged in misconduct when Allegations are not proven.

The Vice Chancellor for Research serves as the Research Integrity Officer (RIO) for the UCR campus, has primary responsibility for handling of allegations of research misconduct, and for implementation of the procedures set forth in this document. However, he/she may designate a RIO who shall be responsible for assessing Allegations of Research Misconduct and determining when such Allegations warrant Inquiries

and for providing administrative support for Inquiries and Investigations. Such a designee will be an institutional official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith.

B. The Academic Senate shall:

1. Recognize that, in order for the University to fulfill obligations imposed by external funding agencies, there must be coordination among Administrative, Senate and legal standards applicable to Research Misconduct Proceedings.
2. Encourage participation by faculty on Inquiry and Investigation Committees.

III. DEFINITIONS

- A. Allegation. Any written or oral statement or other indication of possible Research Misconduct made to a University or other governmental official.
- B. Complainant. A person who in good faith makes an Allegation of Research Misconduct.
- C. Inquiry. A preliminary evaluation of the available evidence and testimony of the Respondent, whistleblower, and key witnesses to determine whether there is sufficient evidence of possible Research Misconduct to warrant an Investigation.
- D. Investigation. A formal evaluation of all relevant facts to determine if Research Misconduct has occurred and, if so, to determine the responsible person(s) and the seriousness of the misconduct.
- E. Research Misconduct. Defined at section I.C.1., above.
- F. Respondent. The person against whom an Allegation of Research Misconduct is directed or the person whose actions are the subject of the Inquiry or Investigation. There can be more than one Respondent in any Inquiry or Investigation.

IV. REPORTING ALLEGATIONS OF RESEARCH MISCONDUCT

All individuals associated with the campus should report observed or suspected research misconduct to the Vice Chancellor for Research. An allegation should, in addition to stating the nature of the suspected misconduct, present the evidence that leads the reporting individual to believe that an incident of research misconduct has occurred.

If an individual is unsure whether a suspected incident falls within the definition of research misconduct he or she should contact the Vice Chancellor for Research to discuss the suspected misconduct informally. If the circumstances described do not meet the definition of research misconduct, the Vice Chancellor for Research will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

V. THE PRELIMINARY ASSESSMENT OF ALLEGATIONS OF RESEARCH MISCONDUCT

- A. The purpose of the preliminary assessment of an Allegation of Research Misconduct is to determine whether an Inquiry into the Allegation is appropriate.
- B. Time to complete. The Research Integrity Officer shall conduct and complete the preliminary assessment promptly. If the Research Integrity Officer requires more than ten (10) days to complete the preliminary assessment, he or she shall document and record the reasons and complete the assessment as promptly thereafter as possible.
- C. The preliminary assessment shall be limited to determining:
1. Whether the Complainant has alleged acts or omissions that fall within the definition of Research Misconduct;
 2. Whether the relevant research or research-related activity is of the type covered by the Policy; and
 3. Whether the Allegation is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.
- D. Only if the Research Integrity Officer answers all of the foregoing queries affirmatively shall the matter proceed to an Inquiry. Otherwise, all further proceedings shall terminate, and the Research Integrity Officer shall notify the Complainant, the Respondent, and such external agencies as may be required by applicable law or regulation.

VI. THE INQUIRY INTO ALLEGATIONS OF RESEARCH MISCONDUCT

- A. The purpose of the Inquiry is to determine whether there is sufficient substance to the Allegation to warrant a formal Investigation. The purpose of the Inquiry is not to reach a final conclusion about whether misconduct definitely occurred or who was responsible.
- B. Time to complete. The Inquiry, including the preliminary assessment of the Allegation, should be completed within no more than sixty (60) calendar days from the receipt of the Allegation unless circumstances clearly warrant a longer period. If the Inquiry phase must be extended beyond sixty days, the Research Integrity Officer shall record the reasons for doing so.
- C. Preliminary matters
1. Charge. The Research Integrity Officer will prepare a charge for the Inquiry Committee that describes the Allegations and any related issues identified during the preliminary assessment of the Allegation and states the purpose of the Inquiry.
 2. Notice to the Respondent. At the time of or before beginning an Inquiry, the Research Integrity Officer shall make a good faith effort to notify the Respondent in writing of the nature of the Allegation of Research Misconduct, that the Inquiry has begun or will begin, the membership of the Inquiry Committee, and the procedures that will be followed.
 3. Sequestration of records. To the extent he or she has not already done so, on or before the date on which the Respondent is notified or the Inquiry begins, whichever is earlier, the Research Integrity Officer shall take all reasonable and practical steps to obtain custody of all of the research records and evidence needed to conduct the Research Misconduct proceeding, inventory the records and evidence, and sequester them in a secure manner, except that where the research records or evidence consist of scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such

instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments.

4. The Inquiry Committee. The Research Integrity Officer shall appoint the Inquiry Committee, which should consist of at least three individuals who do not have unresolved real or apparent personal, professional or financial conflicts of interest with the Complainant or Respondent, are unbiased, and have appropriate expertise to evaluate the evidence and issues related to the Allegation, interview the principals and witnesses, and conduct the Inquiry.

5. Objections to the Inquiry Committee Members. Within five (5) days of receipt of notification of the Inquiry Committee members, Respondent may challenge, in writing, any committee member based on bias or conflict of interest. The Research Integrity Officer will determine whether to replace the challenged member and inform the Respondent in writing of his determination within five days of receipt of the challenge.

D. Conducting the Inquiry

1. The Inquiry Committee shall determine whether there is sufficient evidence of possible Research Misconduct to warrant an Investigation. An Investigation is warranted if there is:

a. A reasonable basis for concluding that the Allegation falls within the definition of Research Misconduct; and

b. Preliminary information-gathering and preliminary fact-finding indicates that the Allegation may have substance.

2. Experts. The Research Integrity Officer, in consultation with the committee, will determine whether additional experts other than those appointed to the Inquiry Committee need to be consulted during the Inquiry to provide special expertise to the committee regarding the analysis of specific evidence. Such experts shall serve in an advisory capacity; they do not vote and generally do not interview witnesses. The experts chosen can, but need not be, affiliated with UC Riverside.

3. Interviewing individuals. The Inquiry Committee may interview any individual it identifies as having information or evidence relevant to the Committee's determinations, including, but not limited to, the Complainant and the Respondent.

4. Transcribing Interviews. Interviews with the Respondent will be transcribed or recorded. Interviews with anyone else will be summarized, tape-recorded, or transcribed. A transcript or summary of the interview will be provided to each witness for review and to note for the record any objections. Witnesses may add comments or information.

5. Immediate notification of external agencies. If at any time the Research Integrity Officer or the individual or committee conducting the Inquiry has reason to believe that any of the following circumstances exist, they shall immediately inform the Vice Chancellor for Research, who shall notify the appropriate agency:

a. The health or safety of the public is at risk, including an immediate need to protect human or animal subjects;

b. Agency resources or interests are threatened;

c. Research activities should be suspended;

d. There is a reasonable indication of possible violations of civil or criminal law;

- e. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding;
 - f. There is reason to believe that the Research Misconduct Proceeding may be made public prematurely, so that agency may take appropriate steps to safeguard evidence and protect the rights of those involved; or,
 - g. The research community or public should be informed.
6. If the Inquiry subsequently identifies additional Respondents, the Research Integrity Officer must notify them and provide the information specified in section VI.C.2.
- E. Concluding the Inquiry
- 1. If the Committee concludes that the Allegation warrants an Investigation, it shall:
 - a. Prepare a written Inquiry Report, which shall include:
 - (i) The name and title of the committee members and experts, if any;
 - (ii) The name and position of the Respondent;
 - (iii) The Allegations;
 - (iv) A summary of the Inquiry process used;
 - (v) A list of the research records reviewed;
 - (vi) Summaries of any interviews;
 - (vii) A description of the evidence in sufficient detail to demonstrate whether an Investigation is warranted or not; and,
 - (viii) The determination as to whether an Investigation is warranted and whether any other actions should be taken if an Investigation is not warranted.
 - b. Provide a copy of the draft Inquiry Report to the Respondent, who may, within fourteen (14) calendar days of receipt, submit comments to the Inquiry Committee.
 - c. Forward the Inquiry Report to the Research Integrity Officer, who shall notify any external agencies as may be required by applicable law or regulation.
 - 2. Concluding the Inquiry with a determination that an Investigation is not warranted. If the Inquiry Committee determines that an Investigation is not warranted, it shall prepare a sufficiently detailed documentation of the Inquiry to permit a later assessment by third parties of the reasons for not conducting an Investigation.
- F. Notice of the results of the Inquiry
- 1. Notice to the Respondent. The Research Integrity Officer must notify the Respondent whether the Inquiry found that an Investigation is warranted. The notice must include a copy of the Inquiry Report and include a copy of or refer to these Policy and Procedures.
 - 2. Notice to the Complainant. The Research Integrity Officer may notify the Complainant whether the

Inquiry found that an Investigation is warranted. The Research Integrity Officer may provide relevant portions of the Inquiry Report to the Complainant for comment.

G. Maintenance of records

1. Records of the Inquiry, including all documentary evidence, interview notes, and the Inquiry report, shall be maintained in a secure manner for at least 7 years after completion of the proceeding.
2. If an Inquiry is terminated before its completion, a report of the planned termination, including the reasons for such an action, should be made to those federal funding agencies that require it.

VII. THE INVESTIGATION OF ALLEGATIONS OF RESEARCH MISCONDUCT

A. The purpose of the Investigation is to explore in detail the Allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The Investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial Allegations.

B. Time

1. The Investigation shall begin within 30 days after the determination has been made that an Investigation is warranted.
2. All aspects of the Investigation must be completed within 120 days of its commencement, including conducting the Investigation, preparing the report of findings, providing the draft report for comment in accordance with Section E1 below, and forwarding the final report to any external agencies as may be required by applicable law or regulation.
3. Extension of time limit. If the Investigation Committee is unable to complete the Investigation in 120 days, it shall request an extension in writing from the Research Integrity Officer. The Research Integrity Officer may, at his or her discretion and upon adequate cause, extend the time for completion of the Investigation for a reasonable period; provided, however, that the Investigation is governed by any applicable external agencies, and if required by applicable law or regulation, the Vice Chancellor for Research must request an extension from the agency. Such request should include an explanation for the delay, an interim report on the progress to date, an outline of what remains to be done, and an estimated date of completion.

C. Preliminary Matters

1. Charge to the Committee. The Research Integrity Officer will define the subject matter of the Investigation in a written charge to the committee that describes the Allegations and related issues identified during the Inquiry, defines Research Misconduct, and identifies the name of the Respondent. The charge will state that the committee is to evaluate the evidence and testimony of the Respondent, whistleblower, and witnesses to determine whether, based on a preponderance of the evidence, Research Misconduct occurred and, if so, to what extent, who was responsible, and its seriousness.
2. Notice of Commencement of the Investigation. The Research Integrity Officer will notify the Respondent(s) in writing of the nature of the Allegation of Research Misconduct, that the Investigation has begun or will begin, the membership of the Investigation Committee, and the procedures that will be followed.

3. The Investigation Committee. The Research Integrity Officer shall appoint the Investigation Committee, which should consist of at least three individuals who have the necessary expertise to evaluate the evidence and issues related to the Allegation, interview the principals and key witnesses, and conduct the Inquiry. The Research Integrity Officer shall take precautions to ensure that individuals responsible for carrying out any part of the Investigation do not have unresolved personal, professional, or financial conflicts of interest with the Complainant, Respondent, or witnesses.

4. Objections to the Inquiry Committee Members. Within five (5) days of receipt of notification of the Investigation Committee members, Respondent may challenge, in writing, any committee member based on bias or conflict of interest. The Research Integrity Officer will determine whether to replace the challenged member and inform the Respondent in writing of his determination within five days of receipt of the challenge.

D. Conducting the Investigation.

1. An Investigative Committee is appointed to determine whether Research Misconduct has occurred, and, if so, to determine the responsible person, the seriousness of the misconduct, and recommendations with respect to the imposition of disciplinary sanctions.

2. Interviewing individuals. The Inquiry Committee may interview any individual it identifies as having information or evidence relevant to the Committee's determinations, including, but not limited to, the Complainant and the Respondent.

3. Transcribing Interviews. Interviews with the Respondent will be transcribed or recorded. Interviews with anyone else will be summarized, tape-recorded, or transcribed. A transcript or summary of an individual's interview will be provided to him or her for review and to add comments or additional information.

4. Pursue leads. The Investigation Committee shall pursue diligently all significant issues and leads discovered that are determined relevant to the Investigation, including any evidence of additional instances of possible Research Misconduct, and continue the Investigation to completion.

5. Experts. The Research Integrity Officer, in consultation with the committee, will determine whether additional experts other than those appointed to the committee need to be consulted during the Investigation to provide special expertise to the committee regarding the analysis of specific evidence. Such experts shall serve in an advisory capacity; they do not vote and generally do not interview witnesses. The experts chosen can, but need not be, affiliated with UC Riverside.

6. During the Investigation, if additional information becomes available that substantially changes the subject matter of the Investigation or would suggest additional Respondents, the committee will notify the Research Integrity Officer, who will determine whether it is necessary to notify the Respondent of the new subject matter or to provide notice to additional Respondents.

7. Immediate notification of external agencies. If at any time the Investigation Committee has reason to believe that any of the following circumstances exist, it shall immediately inform the Research Integrity Officer, who shall notify the appropriate agency:

- a. The health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- b. Agency resources or interests are threatened;
- c. Research activities should be suspended;

- d. There is a reasonable indication of possible violations of civil or criminal law;
 - e. Federal action is required to protect the interests of those involved in the Research Misconduct Proceeding;
 - f. There is reason to believe that the Research Misconduct Proceeding may be made public prematurely, so that agency may take appropriate steps to safeguard evidence and protect the rights of those involved; or,
 - g. The research community or public should be informed.
8. If the Investigation subsequently identifies additional Respondents, the Research Integrity Officer must notify them.
9. Burden of proof.
- a. The University bears the burden of proving, by a preponderance of the evidence, that Research Misconduct occurred.
 - b. The destruction, absence of, or Respondent's failure to provide, research records adequately documenting the questioned research shall be considered evidence of Research Misconduct, provided the University establishes by a preponderance of the evidence that the Respondent intentionally, knowingly, or recklessly destroyed research records, failed to maintain the records, or maintained the records and failed to produce them in a timely manner, and that the Respondent's conduct constitutes a significant departure from accepted practices of the relevant research community.
 - c. In determining whether the University has carried the burden of proof, the Investigation Committee shall give due consideration to credible evidence of honest error or difference of opinion presented by the Respondent.
10. Finding Research Misconduct. A finding of Research Misconduct requires that:
- a. There be a significant departure from accepted practices of the relevant research community; and
 - b. The misconduct be committed intentionally, knowingly, or recklessly; and
 - c. The Allegation be proven by a preponderance of the evidence. "Preponderance of the Evidence" means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.
- E. Concluding the Investigation
1. Upon the conclusion of the Investigation, the Investigation Committee shall prepare, in writing, a final Investigation Report that shall:
- a. Describe the nature of the Allegations of Research Misconduct;
 - b. If applicable, describe and document the support, including, for example, any grant numbers, grant applications, contracts, and publications listing such support;
 - c. Describe the specific Allegations of Research Misconduct for consideration in the Investigation;
 - d. Identify and summarize the research records and evidence reviewed, and identify any evidence taken into custody but not reviewed;

e. For each separate Allegation of Research Misconduct identified during the Investigation, provide a finding as to whether Research Misconduct did or did not occur, and if so:

- (i) Identify whether the Research Misconduct was falsification, fabrication, or plagiarism, and if it was intentional, knowing, or reckless;
- (ii) Summarize the facts and the analysis which support the conclusion and consider the merits of any reasonable explanation by the Respondent;
- (iii) If applicable, identify the specific external agency support;
- (iv) Identify whether any publications need correction or retraction;
- (v) Identify the person(s) responsible for the misconduct; and
- (vi) List any current support or known applications or proposals for support that the Respondent has pending with external agencies

2. The Respondent and Complainant shall have an opportunity to review the draft Investigation Report and to provide written comments, which the Investigation Committee shall consider and include in the final Investigation Report. The Respondent and Complainant shall have twenty-one (21) calendar days to submit written comments on the Investigation Report. The findings of the final report should take into account the Respondent's comments in addition to all the other evidence.

F. Maintenance of records

- 1. Records of the Investigation, including all documentary evidence, interview notes, and the Investigation report, shall be maintained in a secure manner for at least seven years.
- 2. The campus will notify relevant Federal funding agencies if, during the course of the Investigation, facts are disclosed that may affect current or potential Federal funding for individual(s) under Investigation or that the Federal agency needs to know to ensure appropriate use of Federal funds and otherwise protect the public interest.
- 3. In a separate communication to the Research Integrity Officer, the Investigation Committee shall offer its recommendations with respect to disciplinary sanctions, if any.

VIII. POST-INVESTIGATION PROCEEDINGS

Further Proceedings outside of the University

The University will cooperate fully with federal agencies as required by law in post-investigation proceedings. This may include providing the Federal agency with access to the research records, evidence and persons under its authority.

Further Proceedings within the University

A. Investigation concludes no Research Misconduct occurred.

- 1. The University shall make all reasonable and practical efforts, if requested and as appropriate, to protect or restore the reputation of any Respondent, Complainant, witness whom an Investigation Committee has concluded has not engaged in Research Misconduct.

B. Investigation concludes Research Misconduct occurred.

1. Respondent is a member of the Academic Senate. If, **in the case of a faculty member**, the Vice Chancellor for Research together with the Executive Vice Chancellor intend to file charges pursuant to the imposition of disciplinary sanctions, the Vice Chancellor for Research shall prepare and sign an Academic Complaint form and forward it to the Chancellor in accordance with the provisions of the Bylaws of the Riverside Division of the Academic Senate, Appendix 5, Section 5.3, “Rules of Procedures for Implementation of Policies on Faculty Conduct and the Administration of Discipline at UCR.”
2. Respondent is a Non-Senate academic appointee. If, **in the case of an academic researcher (Visiting Scholars, Post-Doctoral Fellows, Professional Researchers, Non-Faculty Academics, etc.)**, the Vice Chancellor for Research intends to impose disciplinary sanctions, the researcher is notified in writing of such intention, and is invited to respond to the Allegations and proposed disciplinary sanctions. If discipline is imposed without the agreement of the Non-Senate academic appointee, the appeal process described in the Academic Personnel Manual section 140 “Non-Senate Academic Appointees/Grievances” may be invoked.
3. Respondent is a staff employee. If, **in the case of a staff employee** the Investigation Committee makes a finding of Research Misconduct, its report, the staff employee’s response, and the recommendation of the Vice Chancellor for Research as to appropriate disciplinary sanctions, if any, shall be referred to the Unit Head of the staff employee’s department, for appropriate administrative action, up to and including the imposition of discipline.
4. Respondent is a student. If, **in the case of students**, the Investigation Committee makes a finding of Research Misconduct, its report, the student’s response, and the recommendation of the Vice Chancellor for Research as to appropriate disciplinary sanctions, if any, shall be referred to the Dean of Students, for appropriate administrative action, up to and including the imposition of discipline.

IX. OTHER RELATED UNIVERSITY OF CALIFORNIA POLICIES

1. Guidelines on University-Industry Relations, 5/17/89, revised 2/16/96 (<http://www.ucop.edu/ucophome/coordrev/policy/5-17-89.html>).
2. University Policy on Integrity in Research, 6/19/90 (<http://www.ucop.edu/ucophome/coordrev/policy/6-19-90.html>).
3. UC Policy on Disclosure of Financial Interests and Management of Conflicts of Interest Related to Sponsored Projects, 10/1/95, revised 10/15/97 (<http://www.ucop.edu/research/disclosure.html>).
4. UC Policies Applying to Campus Activities, Organizations, and Students, Part A, Section 100.00, Policy on Student Conduct and Discipline, and Section 110.00, Policy on Student Grievance Procedures, 5/17/02 (<http://www.ucop.edu/ucophome/coordrev/ucpolicies/aos/toc.html>).
5. UC Policy on Reporting and Investigating Allegations of Suspected Improper Governmental Activities (Whistleblower Policy) (<http://www.ucop.edu/ucophome/coordrev/policy/10-04-02whistle.pdf>) and Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints (Whistleblower Protection Policy) (<http://www.ucop.edu/ucophome/coordrev/policy/10-04-02retaliation.pdf>), 10/4/02.
6. The University of California Electronic Communications Policy establishes principles, rules, and procedures applying to all members of the University community to specifically address issues particular to

the use of electronic communications.

<http://www.ucop.edu/ucophome/coordrev/policy/PP081805.pdf>, 8/18/05.

UCR Policies and Procedures

Policy Title: Policy and Procedures for Responding to Allegations of Research Misconduct

Policy Number: 529-900

Responsible Officer:	Vice Chancellor for Research and Economic Development
Responsible Office:	Research and Economic Development
Origination Date:	6/19/1990
Date of Revision:	[December], 2025
Date of Last Review:	(11/1/2006)

I. INTRODUCTION

A. Preamble

This Policy and Procedure complies with the University of California Responding to Allegations of Research Misconduct Policy (the "UC Research Misconduct Policy"), which provides that "Each Location must implement policies and procedures for responding to allegations of research misconduct. Such policies and procedures must comply with federal policies." The UC Research Misconduct Policy requires campus Chancellors, or their designees, to implement the policy through "consideration of initial allegations of research misconduct and, when necessary, initiation of formal inquiries and, if warranted, investigations."

To maintain and promote research integrity, and to comply with federal sponsor regulations, we reaffirm our commitment to upholding the highest ethical, professional and legal standards in the conduct of research, and to specifying the procedures and appropriate safeguards for handling investigations of research misconduct.

B. Scope and Application

- University policies establish standards of ethical behavior for all members of the University community and prescribe procedures for due process and discipline for deviation from those standards. UCR Policy and Procedures for Responding to Allegations of Research

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I. INTRODUCTION

A.

Deleted: Riverside Policy on Integrity in Research, adopted on June 19, 1990,

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Deleted: in research." The Policy on Integrity in Research further provides that "Campuses and Laboratories shall have necessary policy and procedures to provide appropriate responses to allegations of misconduct in research.

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Deleted: The following procedures conform to the United States Public Health Service (Department of Health and Human Services) regulations at 42 Code of Federal Regulations (CFR) Part 93. While 42 CFR Part 93 applies to all individuals who may be involved with a project supported by, or who have submitted a grant application to, the Public Health Service (PHS), campus policy applies to all individuals engaged in University research whatever the funding source.

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B. Campus Policy and Procedures: ...

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Misconduct 529-900 (hereafter referred to as the “Policy”) deals with violations of a subset of these standards. It governs conduct in connection with all research, ~~research training, and activities related to that research or research training~~, including¹, proposal preparation and submission, all aspects of conducting research, and publication of results. When applicable, federal regulations, such as Department of Health and Human Services (42 CFR, Part 93), National Science Foundation (45 CFR, Part 689), and United States Department of Agriculture (2 CFR, Part 422) apply, and their procedures may supersede campus policy.

2. The Policy ~~defines~~ the three increasingly formal stages of research misconduct allegation handling– the preliminary assessment, the Inquiry, and the Investigation – ~~and the adjudication~~ of UCR’s response to allegations of research misconduct. The goal is to respond to such allegations in a manner that is expeditious, thorough, competent, objective, and fair; and to maintain appropriate confidentiality, avoid conflicts of interest, and balance the interests of all involved, including the Respondent, members of the University community, relevant government agencies, and the general scientific community.

3. In accordance with the UC Research Misconduct Policy, this Policy applies to all research conducted under the auspices of UCR by a person who, at the time of the alleged research misconduct, was a UCR affiliate including faculty and other academic appointees (including postdoctoral scholars and visiting scholars), staff, and students. This policy does not apply to activities undertaken in fulfillment of course requirements (unless there is an expectation of publication or dissemination of the results of such research outside of UCR).

4. In cases where an applicable federal policy differs from this Policy, the federal policy will take precedence.

C. Research Misconduct

1. *Research Misconduct* means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. *Research Misconduct* does not include honest error or differences of opinion.

2. A finding of Research Misconduct requires that:

- a) There is a significant departure from accepted practices of the relevant research community.
- b) The misconduct be committed intentionally, knowingly, or recklessly.

And

- c) The allegation be proven by a Preponderance of the Evidence.

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Deleted: 3. This Policy supersedes and replaces the October 15, 1990 UCR Policy on Integrity in Research.¹
C. **Research Misconduct.**¹
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¹ In this and other UCR policies, the term “including” prefaces a non-exhaustive list.

II. DEFINITIONS

1. **Allegation.** Any written or oral statement or other indication of possible Research Misconduct made to a University or governmental official.
2. **Assessment.** A preliminary evaluation to determine if the allegation falls within the definition of Research Misconduct and is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.
3. **Complainant.** A person who in good faith makes an allegation of Research Misconduct. There can be more than one Complainant.
4. **Day.** Day means a calendar day unless otherwise specified.
5. **Fabrication.** Making up data or results and recording or reporting them.
6. **Falsification.** Manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
7. **Good Faith.** Good faith as applied to a Complainant or Witness, means having a belief in the truth of one's allegation or testimony that a reasonable person in the Complainant's or Witness's position could have based on the information known to the Complainant or Witness at the time. Good faith as applied to a committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping the institution meet its responsibilities.
8. **Inquiry.** A preliminary information-gathering and fact-finding evaluation of the available evidence to determine whether there is sufficient evidence of possible Research Misconduct to warrant an Investigation.
9. **Institutional Deciding Official (IDO).** The institutional official who makes final determinations on allegations of research misconduct and makes recommendations to the appropriate oversight body for any institutional actions. UCR's IDO is the VCR, as described in Section III.A below.
10. **Investigation.** A formal evaluation of all relevant facts to determine if Research Misconduct has occurred and, if so, to determine the responsible person(s) and the seriousness of the misconduct.
11. **Locally Designated Official (LDO).** The LDO is the campus official responsible for responding to whistleblower reports and complaints. UCR's Chief Compliance Officer is UCR's LDO.
12. **Plagiarism.** Plagiarism means the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit. (a) Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. (b) Plagiarism does not include self-plagiarism or authorship or credit

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d. Research Misconduct

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2. Requirements for a Finding of Research Misconduct.

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disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.

13. Preponderance of the Evidence. Preponderance of the evidence means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

14. Research Misconduct. Defined at Section I.C.1., above.

15. Research Record. Both the physical and electronic record of data or results that embody the facts resulting from scientific inquiry. Examples of items, materials, or information that may be considered part of the research record include research proposals, raw data, processed data, clinical research records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

16. Respondent. The person against whom an allegation of Research Misconduct is directed or the person whose actions are the subject of the Inquiry or Investigation. There can be more than one Respondent.

17. Witness. A person who may have data or knowledge that is relevant to the Inquiry or Investigation. There can be more than one Witness.

III. AUTHORITY FOR OVERSIGHT AND IMPLEMENTATION OF THE POLICY AND PROCEDURES

A. Vice Chancellor for Research

The Chancellor has delegated to the Vice Chancellor for Research (VCR) administrative authority for the oversight, implementation, maintenance, and updating of the Policy, in furtherance of the University's obligations and responsibilities. The VCR serves as the Institution Deciding Official (IDO). In the case of a conflict or if the VCR is unavailable, the Chancellor will designate an ad-hoc IDO for the particular instance.

The VCR will appoint the Research Integrity Officer (RIO) for the UCR campus. Typically, this person is an AVC of Research and a member of the Academic Senate. The RIO will have primary responsibility for the handling of allegations of Research Misconduct and for implementation of the procedures set forth in this document, including assessing allegations of Research Misconduct and determining when such allegations warrant Inquiries. Such a designee will be an official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith. In the case of a conflict or if the RIO is unavailable, the VCR will designate an ad-hoc RIO for the particular instance.

Among other things, the VCR (or delegate) is responsible for:

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Research Misconduct proceedings are to be treated as confidential. No participant in such proceedings shall reveal or disclose the identity of the Complainant, the Respondent or witnesses, the nature of the Allegation, the evidence, or the deliberations of any decision maker, other than to individuals who have a legitimate need for such information in order to conduct the Research Misconduct proceeding or as may be required by law. ¶

II. AUTHORITY AND RESPONSIBILITY FOR OVERSIGHT AND IMPLEMENTATION OF THE POLICY AND PROCEDURES¶
A.

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1. Fostering a research environment that discourages misconduct in all research.
2. If appropriate or required, notifying concerned parties such as sponsors, co-authors, collaborators, editors, licensing boards, professional societies, and criminal authorities of the outcome of Investigations.
3. To the maximum extent possible, protecting the positions and reputations of the good faith Complainants, witnesses and committee members, and restoring the reputation of Respondents when allegations are not proven.

Among other things, the RIO is responsible for:

1. Coordinating all procedures related to allegations of Research Misconduct by anyone performing research under the campus' sponsorship.
2. Appointing committees with appropriate expertise to evaluate evidence of, and issues related to, allegations of Research Misconduct, avoiding real or apparent conflicts of interest among those involved, and assuring that a full and complete Inquiry, Investigation, and resolution process is conducted.
3. Disseminating policy and maintaining records related to Research Misconduct.
4. When allegations involve research with extramural funding (including proposals for funding) which may be under the purview of external agencies involved, determining whether law, regulation, or the terms or conditions of the award require notification of the sponsor, specify time limits, or require other actions to assure compliance with externally imposed requirements, and, if so, coordinating the Inquiry and Investigation with all involved individuals and offices to assure compliance.
5. Assuring appropriate confidentiality, fairness, and objectivity of proceedings.
6. Maintaining confidentiality of records, in accord with established University policy, relating to the Inquiry, Investigation, and resolution of allegations of research misconduct.

B. The Academic Senate;

1. Recognizes that, in order for the University to fulfill obligations imposed by external funding agencies, there must be coordination among Administrative, Senate and legal standards applicable to Research Misconduct proceedings.
2. Encourages participation by faculty on Inquiry and Investigation Committees.
3. Fosters a research environment that discourages Research Misconduct and creates educational opportunities and resources to prevent its occurrence.
4. Conducts disciplinary proceedings designed to ensure accountability for Academic Senate members who have engaged in Research Misconduct.

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The Vice Chancellor for Research serves as the Research Integrity Officer (RIO) for the UCR campus, has primary responsibility for handling of allegations of research misconduct, and for implementation of the procedures set forth in this document. However, he/she may designate a RIO who shall be responsible for assessing Allegations of Research Misconduct and determining when such Allegations warrant Inquiries and for providing administrative support for Inquiries and Investigation. ... [1]

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IV. GENERAL PRINCIPLES

A. Maintaining confidentiality of the proceedings

Except as otherwise authorized by law or University policy(ies), the Research Integrity Officer (RIO) will take all reasonable steps to limit disclosure of the identity of Complainant(s), Respondent(s) and Witness(es), and the disclosure of any records or evidence collected during the processes described in this Policy to those with a legitimate need to know. Legitimate need to know includes, but is not limited to:

1. Ensuring a thorough, competent, objective and fair Research Misconduct proceeding, including by avoiding duplicative or competing inquiries or investigations by coordination with the Locally Designated Official (LDO) or other appropriate administrative offices when there are allegations of multiple university or campus policy violations.
2. Coordinating Research Misconduct proceedings involving multiple institutions.
3. Making appropriate reports to research sponsors and/or research collaborators.
4. Correcting the research record.
5. Pursuing adjudication of the case.
6. Protecting the public or the research community.

The Complainant, Respondent, and Witnesses, shall be encouraged to maintain the confidentiality of the proceedings to preserve the integrity of the Research Misconduct proceedings.

B. Experts

Experts may need to be consulted to provide special expertise in the analysis of specific evidence. Such experts will serve in an advisory capacity; they do not vote and generally do not interview witnesses. The experts chosen can, but need not be, affiliated with UCR.

C. Interviewing Individuals

Any individual identified as having information or evidence relevant to the allegations may be interviewed by the Inquiry and/or Investigation Committee(s).

If the interview will be recorded, all participants must consent to be recorded. If an interviewee refuses to be recorded, the interviewee will be provided with a written copy of the questions and given an opportunity to provide a written response that will become part of the official record. If the recording is transcribed, the interviewee will be provided a copy of transcript or summary of the interview to review, note any objections for the record, and/or to add comments or information. Copies of the audio recordings will not be provided to the interviewees, Respondents, or Complainants.

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IV. REPORTING ALLEGATIONS OF RESEARCH MISCONDUCT⁹

D. Immediate Notifications, including Agencies

If at any time the RIO or the Committee has reason to believe that any of the following circumstances exist, they will immediately inform the VCR. The VCR or RIO will notify the appropriate federal agency or take other action that the VCR deems warranted:

1. Public health or safety is at risk, including an immediate need to protect human or animal subjects.
2. Agency resources, reputation or interests are threatened.
3. Research activities should be suspended.
4. There is a reasonable indication of possible violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the Research Misconduct proceeding.
6. There is reason to believe that the Research Misconduct proceeding may be made public prematurely, so that agency may take appropriate steps to safeguard evidence and protect the rights of those involved.

Or,

7. The scientific community or public should be informed.

E. Time limitation

This policy applies to Research Misconduct occurring within six (6) years of the date the allegation is received by the RIO. In cases where an applicable Federal policy time limitation differs, the federal policy will take precedence. Note that this time limitation governs the applicability of this Policy, not the jurisdictional boundary of disciplinary measures. For example, if plagiarism or data falsification is discovered by the administration a decade or more after the conduct occurred, this Policy would not preclude appropriate action to address substantiated misconduct under the Faculty Code of Conduct (APM-015) and Senate-approved disciplinary procedures (Senate Bylaw 336; UCR Senate Appendix 05).

V. REPORTING ALLEGATIONS OF RESEARCH MISCONDUCT; PROHIBITION ON RETALIATION

All individuals associated with the campus should report observed or suspected Research Misconduct to the RIO or delegate promptly. Allegations may also be made anonymously through the University of California's independent reporting system, *EthicsPoint*. An allegation should, in addition to stating the nature of the suspected misconduct, present the evidence that leads the reporting individual to believe that an incident of Research Misconduct has occurred. Any administrator, faculty or staff who receives a report of Research Misconduct shall notify the RIO and only take further action as directed by the RIO. Reports from outside the University should always be directed to the RIO.

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Individuals unsure whether a suspected incident falls within the definition of Research Misconduct, should contact the RIO or delegate to discuss the suspected misconduct informally.

If the circumstances described do not meet the definition of Research Misconduct, or allege other forms of misconduct, the RIO will refer the individual or allegation to the appropriate offices or officials with responsibility for resolving the non-Research Misconduct allegations. The RIO shall consult with the LDO or other appropriate administrative offices to coordinate a consistent and effective review and assessment of allegations of violations of multiple university or campus policies, or to coordinate interim measures to protect evidence, and against retaliation or interference with the process.

Individuals who report Research Misconduct or participate in any process under this Policy are protected from retaliation under the University's Whistleblower Policies; see Section XI.

VI. PRELIMINARY ASSESSMENT OF ALLEGATIONS OF RESEARCH MISCONDUCT

A. Purpose and Scope

The purpose of the preliminary assessment of an allegation of Research Misconduct is to determine whether an Inquiry into the allegation is appropriate. The preliminary assessment will be limited to determining:

1. Whether the allegation describes acts or omissions that fall within the definition of Research Misconduct.
2. Whether the relevant research or research-related activity is covered by the Policy.
3. Whether the allegation is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.

Only if the RIO answers all of the foregoing queries affirmatively will the matter proceed to an Inquiry. Otherwise, proceedings under this Policy will terminate and the decision will be documented.

B. Time to Complete

The RIO will use best efforts to conduct and complete the preliminary assessment promptly. If the RIO cannot complete the preliminary assessment promptly, the reasons will be recorded and the assessment completed thereafter as soon as reasonably and responsibly possible.

C. Notifications

If the matter proceeds to Inquiry, the RIO will notify the Respondent as outlined in Section VII.C.3. The Complainant may be notified. The RIO will notify external agencies if required by applicable law or regulation.

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C. The preliminary assessment shall be limited to determining:¶
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VII. INQUIRY INTO ALLEGATIONS OF RESEARCH MISCONDUCT

A. Purpose

B. The purpose of the Inquiry is to determine whether there is sufficient substance to the allegation to warrant a formal Investigation. It is not the purpose of the Inquiry to reach a final conclusion about whether misconduct occurred or who was responsible. Time to Complete

The Inquiry should be completed within ninety (90) days of its initiation unless the RIO determines that circumstances warrant a longer period. If the Inquiry phase is extended beyond ninety days, the RIO will record the reasons and notify the Respondent(s).

C. Preliminary Matters

1. Inquiry Committee. The Inquiry will be performed by one (1) to three (3) individual(s) appointed by the RIO. Person(s) conducting the Inquiry may not have unresolved real or apparent personal, professional or financial conflicts of interest with the Complainant(s), Respondent(s), or Witness(es), is/are unbiased, and has/have appropriate expertise to evaluate the evidence and issues related to the allegation, and may interview the principals and witnesses. Simply knowing and/or have interacted in some professional way with the Complainant(s), Respondent(s), or Witness(es), does not constitute a conflict of interest per se.

2. Charge. The RIO will provide the Inquiry Committee with the purpose of the Inquiry, a description of the allegations and a description of any related issues identified during the preliminary assessment.

3. Notice to the Respondent. At the time of or before beginning an Inquiry, the RIO will make a good faith effort to notify the Respondent in writing of the nature of the allegation of research misconduct, that an Inquiry will be conducted to decide whether to proceed with an investigation, the membership of the Inquiry Committee, and the procedures that will be followed. The notice should include a copy of this Policy.

In an instance where another proceeding has collected sufficient evidence to meet the criteria in Section VII.D, the RIO may use that evidence to initiate an Investigation without Inquiry in the interests of prompt resolution. The RIO will make a good faith effort to notify the Respondent in writing of the nature of the allegation of research misconduct (which may be a report) and the procedures that will be followed. The notice should include a copy of this Policy.

4. Objections to the Person(s) Conducting the Inquiry. Within five (5) days of receipt of notification of the Inquiry Committee member(s), the Respondent may challenge, in writing, any member based on bias or conflict of interest. If an Inquiry Committee member is challenged, the RIO will determine whether to replace the challenged member and inform the Respondent in writing of the determination within five (5) days of receipt of the challenge.

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5. Sequestration of Records. If not previously completed, on or before the date the Respondent is notified or the Inquiry begins, (whichever is earlier), the RIO will take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the Research Misconduct proceedings. Research records or evidence are to be sequestered in a secure manner, except where they consist of scientific instruments shared by numerous users. In such cases, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Where appropriate, the Respondent will be given copies of, or reasonable, supervised access to, the research records.
6. Inquiry Notifications. The RIO may notify others with a need to know that an Inquiry has been initiated. This includes, but is not limited to, federal agencies, private sponsors, publishers, the Complainant's and the Respondent's Department Head and/or Dean, the Executive Vice Chancellor (for academic appointees), appropriate Vice Chancellor, the LDO, and/or Graduate/Undergraduate Deans.

D. Conducting the Inquiry

1. The Inquiry Phase will determine whether there is sufficient evidence of possible Research Misconduct to warrant an Investigation. An Investigation is warranted if there is:
 - a) A reasonable basis for concluding that the allegation falls within the definition of Research Misconduct.
 - And
 - b) Preliminary information-gathering and fact-finding indicate that the allegation may have substance.
2. Interviewing Individuals. Any individual identified as having information or evidence relevant to the Inquiry Committee's determinations, including, but not limited to, the Complainant and the Respondent may be interviewed in accordance with IV.C.
3. If the Inquiry subsequently identifies additional Respondents, they must be notified by the RIO and provided with the information specified in Section VII.C.3.

E. Inquiry Report

1. When the Inquiry is concluded, the Committee will prepare a written draft Inquiry Report, which includes:
 - a) The name and position of the Respondent and Complainant (if known). In some cases, the Respondent may have made statements implicating they engaged in potential misconduct, if so, this should be listed in the report and there is no complainant in such case.
 - b) A description of the research misconduct allegation(s).
 - c) Name(s) and title(s) of the Inquiry Committee member(s) and expert(s), if any.

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- d) A summary of the Inquiry process used.
- e) A description of the evidence reviewed, including research records reviewed.
- f) List of any interviews conducted.
- g) List of associated funding, if any.
- h) For each allegation, the basis for recommending that the allegation warrants an investigation or the basis for recommending that the allegation does not merit an investigation.

- 2. The RIO or UCR Office of Legal Affairs may review the report to ensure that the committee has completed its charge, the report provides sufficient information to justify the committee's findings, the report does not include information that is inappropriate, and the report is in proper form.
- 3. The Committee shall provide a copy of the draft Inquiry Report to the Respondent, who may, within seven (7) days of receipt, submit comments to the Inquiry Committee. The Committee shall consider any comments provided by the Respondent and produce a final Inquiry Report.

F. Concluding the Inquiry

- 1. Concluding the Inquiry with a Determination that an Investigation Is Warranted. If the Inquiry Committee determines that an Investigation is warranted, it will prepare the Inquiry Report detailed in VII.E.1 and submit the final Inquiry Report to the RIO.
- 2. Concluding the Inquiry with a Determination that an Investigation is Not Warranted. If the Inquiry Committee determines that an Investigation is not warranted, it will the Inquiry Report detailed in VII.E.1 to permit a later assessment by the RIO or third parties of the reasons for not conducting an Investigation.
- 3. Terminating Inquiry before its completion. If an Inquiry is terminated before its completion, a report of the planned termination, including the reasons for such an action, will be prepared. This report will made available to the funding agencies that require it, as determined by the RIO.

G. Notice of the results of the Inquiry

- 1. Notice to the Respondent. The RIO must notify the Respondent whether or not the Inquiry found that an Investigation is warranted and that the process will move to the Investigation phase. The notice must include a copy of the final Inquiry Report.
- 2. Notice to the Complainant. The RIO may notify the Complainant whether the Inquiry found that an Investigation is warranted. The RIO may provide relevant portions of the Inquiry Report to the Complainant.

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3. Notice to Agencies. Within thirty (30) days of finding that an Investigation is warranted, the RIO will inform the agencies that require it of the decision to move forward to an Investigation and provide a copy of the Inquiry Report.

VIII. INVESTIGATION OF ALLEGATIONS OF RESEARCH MISCONDUCT

A. Purpose

The purpose of the Investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The Investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegation.

B. Time

1. The Investigation will begin within thirty (30) days or within a reasonable time after the determination has been made that an Investigation is warranted. If an extension is needed, the reason and length of the extension should be documented by the RIO. If required by applicable law or regulation, the RIO will request an extension from the agency.
2. The Investigation Committee shall use best efforts to ensure that the Investigation is completed within 180 days of its commencement, including conducting the Investigation, preparing the report of findings, providing the draft report for comment in accordance with Section VIII.E.1 below, and forwarding the final report to the RIO with adequate time for submission to agencies if required by applicable law or regulation.

Extension of Time Limit. If the Investigation Committee is unable to complete the Investigation in 180 days, it will request an extension from the RIO. The RIO may, at their sole discretion, extend the time for completion of the Investigation for a reasonable period. If the Investigation is governed by applicable agencies and if required by applicable law or regulation, the RIO will request an extension from the agency. Such requests should include documentation of the circumstances or issues warranting additional time.

C. Preliminary Matters

1. The Investigation Committee. The Investigation will be performed by an Investigation Committee appointed by the RIO. The Investigation Committee should consist of one (1) to three (3) individual(s). Person(s) conducting the Investigation may not have unresolved real or apparent personal, professional or financial conflicts of interest with the Complainant(s), Respondent(s), or Witness(es), is/are unbiased, and has/have appropriate expertise to evaluate the evidence and issues related to the allegation, and who shall interview the principals and witnesses, and conduct the Investigation. Simply knowing and/or have interacted in some professional way with the Complainant(s), Respondent(s), or Witness(es), does not constitute a conflict of interest per se. The Investigation Committee may include members of, or have the same composition as, the Inquiry Committee.

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2. Scope. The RIO will provide the Investigation Committee with the purpose of the Investigation, a description of the allegations and related issues identified during the Inquiry, and task the committee with evaluating the evidence and testimony of the Respondent(s), Complainant(s), and Witnesses to determine whether, based on a Preponderance of the Evidence, Research Misconduct occurred and, if so, to what extent, who was responsible, and its seriousness.

3. Notice of Investigation Committee Composition and Right to Object. The RIO will notify the Respondent(s) in writing of the membership of the Investigation Committee. If the composition of the Investigation Committee differs from the Inquiry Committee, the Respondent may challenge, in writing, any previously unvetted committee member based on bias or conflict of interest within (5) days of receipt of notification. The RIO will determine whether to replace the challenged member and inform the Respondent in writing of the determination within five (5) days of receipt of the challenge.

D. Conducting the Investigation,

1. Investigation Committee. An Investigation Committee is appointed to determine if Research Misconduct has occurred, and, if so, to determine the responsible person, the seriousness of the misconduct, and recommendations with respect to the imposition of disciplinary sanctions.

2. Interviewing Individuals. The Investigation Committee may interview any individual it identifies as having information or evidence relevant to the Committee's determinations in accordance with IV.C, including the Complainant(s), Respondent(s), and Witness(es).

The Respondent must not be present during the witnesses' interviews but may be provided with a redacted transcript of the interview.

3. Pursue Leads; Expansion of Scope. The Investigation Committee will pursue diligently all significant issues and leads that are determined relevant to the Investigation, including any evidence of additional instances of possible research misconduct, and continue the Investigation to completion. Whenever possible, the institution must take custody of the additional records when items become known or relevant to the investigation. During the Investigation, if additional information becomes available that substantially changes the scope of the Investigation or would suggest additional Respondents, the Investigation Committee will notify the RIO. The RIO will determine whether it is necessary to amend the scope of the investigation and notify the Respondent. If the Investigation subsequently identifies additional Respondents, they must be notified by the RIO and provided with the information specified in Section VII.C.3, and a separate Inquiry will not be conducted.

4. Immediate Notification of Agencies. If at any time the Investigation Committee has reason to believe that any of the circumstances listed in Section IV.D exist, it will immediately inform the RIO, who will notify the appropriate agency.

5. Standard of Proof

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- a) The standard of proof for finding research misconduct occurred is preponderance of the evidence.
 - b) The destruction, absence of, or Respondent's failure to provide research records adequately documenting the questioned research is considered evidence of research misconduct, provided there is a preponderance of the evidence that the Respondent intentionally, knowingly, or recklessly destroyed research records, failed to maintain the records, or maintained the records and failed to produce them in a timely manner, and that the Respondent's conduct constitutes a significant departure from accepted practices of the relevant research community.
 - c) In determining whether the evidence satisfies the standard of proof, the Investigation Committee will give appropriate consideration to credible evidence of honest error or difference of opinion presented by the Respondent.
6. Finding of Research Misconduct. A finding of Research Misconduct will be made if the criteria defined in I.C are met.
- E. Concluding the Investigation
1. Upon the conclusion of the Investigation, the Investigation Committee will prepare a draft Investigation Report that will:
 - a) Describe the allegation(s) of Research Misconduct investigated.
 - b) Identify and summarize the research records and other evidence reviewed, including, if applicable, transcripts of interviews conducted and scientific or forensic analyses.
 - c) Describe the sequestration process, if applicable.
 - d) Describe and document any current or pending funding support related to the Research Misconduct allegations, e.g., awarded grant numbers, grant applications (including pending and past federal applications), contracts, and/or publications listing such support.
 - e) Name(s) and title(s) of the Investigation Committee member(s) and expert(s), if applicable.
 - f) For each separate allegation of Research Misconduct identified during the Investigation,

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b. Agency resources or interests are threatened;
c. Research activities should be suspended;
d. There is a reasonable indication of possible violations of civil or criminal law; [16]

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- (i) Identify the person(s) responsible for the misconduct.
- (ii) Identify whether the Research Misconduct was falsification, fabrication, or plagiarism, and if it was Research Misconduct as defined in I.C.
- (iii) Provide a finding as to whether Research Misconduct did or did not occur.
- (iv) Summarize the facts and analysis which support the conclusion and consider the merits of any reasonable explanation by the Respondent.
- (v) Identify the specific research records that allegedly contain the falsified, fabricated, or plagiarized material, e.g., published papers, manuscripts submitted but not accepted for publication (including online publication), funding applications, progress reports, presentations, posters, or other research records.
- g) Identify whether any publications need correction or retraction.
2. The Respondent will have thirty (30) days to review the draft Investigation Report and provide written comments to be included in the final Investigation Report. The Respondent may have access to copies of, or supervised access to, the research records and evidence that the Committee relied on, redacted, if appropriate.
3. The Committee will consider any comments provided and produce a final Investigation Report. The findings of the final Investigation Report should take into account the Respondent's relevant comments in addition to all the other evidence.
4. The Investigation Committee will submit the final Investigation Report to the IDO. If the investigation concludes that research misconduct occurred, in a separate communication to the IDO the Investigation Committee must offer its recommendations with respect to disciplinary sanctions or explain why sanctions should not be imposed.
- F. Notice of the Results of the Investigation
1. Notice to the Respondent. The IDO will make the final determination of research misconduct findings. The IDO's decision is final. The IDO will notify the Respondent of the decision in writing and provide the Respondent with a copy of the final Investigation Report.
2. Notice to the Complainant. The IDO may provide the Complainant with relevant portions of the final Investigation Report.
3. Notice to Agencies. At the completion of the Investigation, agencies that require it will be provided with a copy of the final Investigation Report, the supporting research files and evidence, and the recommended institutional actions to be taken.
4. Notification to Publishers. The IDO or RIO will notify publishers if a retraction or correction of research records is recommended by the Investigation Committee and agreed upon by the IDO. This does not constitute a disciplinary action.

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(vi) List any current support or known applications or proposals for support that the Respondent has pending with external agencies ¶
2. The Respondent and Complainant shall

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IX. MAINTENANCE OF INVESTIGATION RECORDS

At the completion of the Research Misconduct process, all records including all documentary evidence, interview notes, and reports related to the Assessment, Inquiry and Investigation, will be maintained in a secure manner in the UCR Office of Research and Economic Development for seven (7) years, or longer if required by applicable federal agencies.

X. POST-INVESTIGATION PROCEEDINGS (ADJUDICATION)

A. Investigation Concludes no Research Misconduct Occurred

UCR will make all reasonable and practical efforts, if requested and as the IDO deems appropriate, to protect or restore the reputation of any Respondent whom an Investigation Committee has concluded has not engaged in Research Misconduct. UCR shall also take appropriate measures to protect any Complainant, Witness or Committee member involved in the process from any retaliation.

B. Investigation Concludes Research Misconduct Occurred

There is no appeal process for the IDO's final determination of research misconduct findings. Following the conclusion of an Investigation, the matter will proceed under the applicable disciplinary process listed below:

- Respondent is a Member of the Academic Senate. The IDO will submit their research misconduct findings and recommend disciplinary actions to the Vice Provost for Administrative Resolution (VPAR) with an Academic Complaint form in accordance with the provisions of the Bylaws of the Riverside Division of the Academic Senate, Appendix 5. Consistent with federal rules, it is the IDO's determination about whether or not research misconduct occurred, applying the preponderance of the evidence standard, that represents the University's "final" determination about research misconduct. Post-investigation disciplinary procedures (UCR Senate Appendix 5 and UC Senate Bylaw 336, which may involve a higher "clear and convincing" standard of proof) serve a different purpose and do not unsettle the finality of the IDO's earlier determination of a finding of research misconduct.
- Respondent is a Non-Senate Academic Appointee (Visiting Scholars, Post-Doctoral Fellows, Professional Researchers, Non-Faculty Academics, etc.). The IDO will refer the recommended disciplinary actions to, and share the investigation report with, the Academic Personnel Office (APO). The APO will notify the researcher in writing prior to disciplinary sanctions and provide the researcher the opportunity to respond to the proposed disciplinary sanctions. If discipline is imposed without the agreement of the Non-Senate academic appointee, the appeal process described in the Academic Personnel Manual Section 140 "Non-Senate Academic Appointees/Grievances" shall be invoked.
- Respondent is a Staff Employee. The IDO will refer the recommended disciplinary actions to, and share the investigation report with, the Associate Vice Chancellor and Chief Human Resources Officer (AVC-CHRO), to determine appropriate next steps for imposition of

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2. The campus will notify relevant Federal funding

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Deleted: 3. In a separate communication to the Research Integrity Officer, the Investigation Committee shall offer its recommendations with respect to disciplinary sanctions, if any.

VIII. POST-INVESTIGATION PROCEEDINGS FURTHER

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discipline in accordance with PPSM 62 and 64, and, if applicable, the appropriate collective bargaining agreement. The AVC-CHRO may refer the imposition of discipline or other appropriate measures to the unit head of the staff employee's department.

4. Respondent is a Graduate or Undergraduate Student. The IDO will forward the disciplinary recommendations and the investigation report to the Vice Provost and Dean of Graduate Studies (graduate students) or Dean of Students (undergraduate students) to determine appropriate next steps for the imposition of discipline in accordance with the applicable University policy.

XI. OTHER RELATED UNIVERSITY OF CALIFORNIA POLICIES

1. University Policy on Integrity in Research (<https://policy.ucop.edu/doc/2500496>).
2. UC Regents Policy IIII, 2005 revised 2017, <https://regents.universityofcalifornia.edu/governance/policies/IIII.html>
3. UC Policies Applying to Campus Activities, Organizations, and Students, Part A, Section 100.00, Policy on Student Conduct and Discipline, and Section 110.00, Policy on Student Grievance Procedures (<https://www.ucop.edu/student-equity-affairs/policies/pacaos.html>).
4. UC Policy on Reporting and Investigating Allegations of Suspected Improper Governmental Activities (Whistleblower Policy) (<https://policy.ucop.edu/doc/1100171>) and Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints (Whistleblower Protection Policy) (<https://policy.ucop.edu/doc/1100563>).
5. The University of California Electronic Communications Policy (<http://policy.ucop.edu/doc/7000470>) establishes principles, rules, and procedures applying to all members of the University community to specifically address issues particular to the use of electronic communications.

History of Revisions:

This Policy was amended effective [December ,] 2025. It supersedes and replaces the 11/1/2006 version of UCR Policy 529-900, Title: Policy and Procedures for Responding to Allegations of Research Misconduct.

The 2006 amendments made revisions and clarifications, updating broken links.

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UCR Policies and Procedures

Policy Title: Policy and Procedures for Responding to Allegations of Research Misconduct

Policy Number: 529-900

Responsible Officer:	Vice Chancellor for Research and Economic Development
Responsible Office:	Research and Economic Development
Origination Date:	6/19/1990
Date of Revision:	[December], 2025
Date of Last Review:	(11/1/2006)

I. INTRODUCTION

A. Preamble

This Policy and Procedure complies with the University of California Responding to Allegations of Research Misconduct Policy (the “UC Research Misconduct Policy”), which provides that “Each Location must implement policies and procedures for responding to allegations of research misconduct. Such policies and procedures must comply with federal policies.” The UC Research Misconduct Policy requires campus Chancellors, or their designees, to implement the policy through “consideration of initial allegations of research misconduct and, when necessary, initiation of formal inquiries and, if warranted, investigations.”

To maintain and promote research integrity, and to comply with federal sponsor regulations, we reaffirm our commitment to upholding the highest ethical, professional and legal standards in the conduct of research, and to specifying the procedures and appropriate safeguards for handling investigations of research misconduct.

B. Scope and Application

1. University policies establish standards of ethical behavior for all members of the University community and prescribe procedures for due process and discipline for deviation from those standards. UCR Policy and Procedures for Responding to Allegations of Research

Misconduct 529-900 (hereafter referred to as the “Policy”) deals with violations of a subset of these standards. It governs conduct in connection with all research, research training, and activities related to that research or research training, including¹ proposal preparation and submission, all aspects of conducting research, and publication of results. When applicable, federal regulations, such as Department of Health and Human Services (42 CFR, Part 93), National Science Foundation (45 CFR, Part 689), and United States Department of Agriculture (2 CFR, Part 422) apply, and their procedures may supersede campus policy.

2. The Policy defines the three increasingly formal stages of research misconduct allegation handling– the preliminary assessment, the Inquiry, and the Investigation – and the adjudication of UCR’s response to allegations of research misconduct. The goal is to respond to such allegations in a manner that is expeditious, thorough, competent, objective, and fair; and to maintain appropriate confidentiality, avoid conflicts of interest, and balance the interests of all involved, including the Respondent, members of the University community, relevant government agencies, and the general scientific community.
3. In accordance with the UC Research Misconduct Policy, this Policy applies to all research conducted under the auspices of UCR by a person who, at the time of the alleged research misconduct, was a UCR affiliate including faculty and other academic appointees (including postdoctoral scholars and visiting scholars), staff, and students. This policy does not apply to activities undertaken in fulfillment of course requirements (unless there is an expectation of publication or dissemination of the results of such research outside of UCR).
4. In cases where an applicable federal policy differs from this Policy, the federal policy will take precedence.

C. Research Misconduct

1. ***Research Misconduct*** means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research Misconduct does not include honest error or differences of opinion.
2. A finding of Research Misconduct requires that:
 - a) There is a significant departure from accepted practices of the relevant research community.
 - b) The misconduct be committed intentionally, knowingly, or recklessly.

And

- c) The allegation be proven by a Preponderance of the Evidence.

¹ In this and other UCR policies, the term “including” prefaces a non-exhaustive list.

II. DEFINITIONS

1. **Allegation.** Any written or oral statement or other indication of possible Research Misconduct made to a University or governmental official.
2. **Assessment.** A preliminary evaluation to determine if the allegation falls within the definition of Research Misconduct and is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.
3. **Complainant.** A person who in good faith makes an allegation of Research Misconduct. There can be more than one Complainant.
4. **Day.** Day means a calendar day unless otherwise specified.
5. **Fabrication.** Making up data or results and recording or reporting them.
6. **Falsification.** Manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
7. **Good Faith.** Good faith as applied to a Complainant or Witness, means having a belief in the truth of one's allegation or testimony that a reasonable person in the Complainant's or Witness's position could have based on the information known to the Complainant or Witness at the time. Good faith as applied to a committee member means cooperating with the research misconduct proceeding by impartially carrying out the duties assigned for the purpose of helping the institution meet its responsibilities.
8. **Inquiry.** A preliminary information-gathering and fact-finding evaluation of the available evidence to determine whether there is sufficient evidence of possible Research Misconduct to warrant an Investigation.
9. **Institutional Deciding Official (IDO).** The institutional official who makes final determinations on allegations of research misconduct and makes recommendations to the appropriate oversight body for any institutional actions. UCR's IDO is the VCR, as described in Section III.A below.
10. **Investigation.** A formal evaluation of all relevant facts to determine if Research Misconduct has occurred and, if so, to determine the responsible person(s) and the seriousness of the misconduct.
11. **Locally Designated Official (LDO).** The LDO is the campus official responsible for responding to whistleblower reports and complaints. UCR's Chief Compliance Officer is UCR's LDO.
12. **Plagiarism.** Plagiarism means the appropriation of another person's ideas, processes, results, or words, without giving appropriate credit. (a) Plagiarism includes the unattributed verbatim or nearly verbatim copying of sentences and paragraphs from another's work that materially misleads the reader regarding the contributions of the author. It does not include the limited use of identical or nearly identical phrases that describe a commonly used methodology. (b) Plagiarism does not include self-plagiarism or authorship or credit

disputes, including disputes among former collaborators who participated jointly in the development or conduct of a research project. Self-plagiarism and authorship disputes do not meet the definition of research misconduct.

13. **Preponderance of the Evidence.** Preponderance of the evidence means proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not
14. **Research Misconduct.** Defined at Section I.C.1., above.
15. **Research Record.** Both the physical and electronic record of data or results that embody the facts resulting from scientific inquiry. Examples of items, materials, or information that may be considered part of the research record include research proposals, raw data, processed data, clinical research records, laboratory records, study records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.
16. **Respondent.** The person against whom an allegation of Research Misconduct is directed or the person whose actions are the subject of the Inquiry or Investigation. There can be more than one Respondent.
17. **Witness.** A person who may have data or knowledge that is relevant to the Inquiry or Investigation. There can be more than one Witness.

III. AUTHORITY FOR OVERSIGHT AND IMPLEMENTATION OF THE POLICY AND PROCEDURES

A. Vice Chancellor for Research

The Chancellor has delegated to the **Vice Chancellor for Research (VCR)** administrative authority for the oversight, implementation, maintenance, and updating of the Policy, in furtherance of the University's obligations and responsibilities. The VCR serves as the Institution Deciding Official (IDO). In the case of a conflict or if the VCR is unavailable, the Chancellor will designate an ad-hoc IDO for the particular instance.

The VCR will appoint the **Research Integrity Officer (RIO)** for the UCR campus. Typically, this person is an AVC of Research and a member of the Academic Senate. The RIO will have primary responsibility for the handling of allegations of Research Misconduct and for implementation of the procedures set forth in this document, including assessing allegations of Research Misconduct and determining when such allegations warrant Inquiries. Such a designee will be an official who is well qualified to handle the procedural requirements involved and is sensitive to the varied demands made on those who conduct research, those who are accused of misconduct, and those who report apparent misconduct in good faith. In the case of a conflict or if the RIO is unavailable, the VCR will designate an ad-hoc RIO for the particular instance.

Among other things, the VCR (or delegate) is responsible for:

1. Fostering a research environment that discourages misconduct in all research.
2. If appropriate or required, notifying concerned parties such as sponsors, co-authors, collaborators, editors, licensing boards, professional societies, and criminal authorities of the outcome of Investigations.
3. To the maximum extent possible, protecting the positions and reputations of the good faith Complainants, witnesses and committee members, and restoring the reputation of Respondents when allegations are not proven.

Among other things, the RIO is responsible for:

1. Coordinating all procedures related to allegations of Research Misconduct by anyone performing research under the campus' sponsorship.
2. Appointing committees with appropriate expertise to evaluate evidence of, and issues related to, allegations of Research Misconduct, avoiding real or apparent conflicts of interest among those involved, and assuring that a full and complete Inquiry, Investigation, and resolution process is conducted.
3. Disseminating policy and maintaining records related to Research Misconduct.
4. When allegations involve research with extramural funding (including proposals for funding) which may be under the purview of external agencies involved, determining whether law, regulation, or the terms or conditions of the award require notification of the sponsor, specify time limits, or require other actions to assure compliance with externally imposed requirements, and, if so, coordinating the Inquiry and Investigation with all involved individuals and offices to assure compliance.
5. Assuring appropriate confidentiality, fairness, and objectivity of proceedings.
6. Maintaining confidentiality of records, in accord with established University policy, relating to the Inquiry, Investigation, and resolution of allegations of research misconduct.

B. The Academic Senate:

1. Recognizes that, in order for the University to fulfill obligations imposed by external funding agencies, there must be coordination among Administrative, Senate and legal standards applicable to Research Misconduct proceedings.
2. Encourages participation by faculty on Inquiry and Investigation Committees.
3. Fosters a research environment that discourages Research Misconduct and creates educational opportunities and resources to prevent its occurrence.
4. Conducts disciplinary proceedings designed to ensure accountability for Academic Senate members who have engaged in Research Misconduct.

IV. GENERAL PRINCIPLES

A. Maintaining confidentiality of the proceedings

Except as otherwise authorized by law or University policy(ies), the Research Integrity Officer (RIO) will take all reasonable steps to limit disclosure of the identity of Complainant(s), Respondent(s) and Witness(es), and the disclosure of any records or evidence collected during the processes described in this Policy to those with a legitimate need to know., Legitimate need to know includes, but is not limited to:

1. Ensuring a thorough, competent, objective and fair Research Misconduct proceeding, including by avoiding duplicative or competing inquiries or investigations by coordination with the Locally Designated Official (LDO) or other appropriate administrative offices when there are allegations of multiple university or campus policy violations.
2. Coordinating Research Misconduct proceedings involving multiple institutions.
3. Making appropriate reports to research sponsors and/or research collaborators.
4. Correcting the research record.
5. Pursuing adjudication of the case.
6. Protecting the public or the research community.

The Complainant, Respondent, and Witnesses, shall be encouraged to maintain the confidentiality of the proceedings to preserve the integrity of the Research Misconduct proceedings.

B. Experts

Experts may need to be consulted to provide special expertise in the analysis of specific evidence. Such experts will serve in an advisory capacity; they do not vote and generally do not interview witnesses. The experts chosen can, but need not be, affiliated with UCR.

C. Interviewing Individuals

Any individual identified as having information or evidence relevant to the allegations may be interviewed by the Inquiry and/or Investigation Committee(s).

If the interview will be recorded, all participants must consent to be recorded. If an interviewee refuses to be recorded, the interviewee will be provided with a written copy of the questions and given an opportunity to provide a written response that will become part of the official record. If the recording is transcribed, the interviewee will be provided a copy of transcript or summary of the interview to review, note any objections for the record, and/or to add comments or information. Copies of the audio recordings will not be provided to the interviewees, Respondents, or Complainants.

D. Immediate Notifications, including Agencies

If at any time the RIO or the Committee has reason to believe that any of the following circumstances exist, they will immediately inform the VCR. The VCR or RIO will notify the appropriate federal agency or take other action that the VCR deems warranted:

1. Public health or safety is at risk, including an immediate need to protect human or animal subjects.
2. Agency resources, reputation or interests are threatened.
3. Research activities should be suspended.
4. There is a reasonable indication of possible violations of civil or criminal law.
5. Federal action is required to protect the interests of those involved in the Research Misconduct proceeding.
6. There is reason to believe that the Research Misconduct proceeding may be made public prematurely, so that agency may take appropriate steps to safeguard evidence and protect the rights of those involved.

Or,

7. The scientific community or public should be informed.

E. Time limitation

This policy applies to Research Misconduct occurring within six (6) years of the date the allegation is received by the RIO. In cases where an applicable Federal policy time limitation differs, the federal policy will take precedence. Note that this time limitation governs the applicability of this Policy, not the jurisdictional boundary of disciplinary measures. For example, if plagiarism or data falsification is discovered by the administration a decade or more after the conduct occurred, this Policy would not preclude appropriate action to address substantiated misconduct under the Faculty Code of Conduct (APM-015) and Senate-approved disciplinary procedures (Senate Bylaw 336; UCR Senate Appendix 05).

V. REPORTING ALLEGATIONS OF RESEARCH MISCONDUCT; PROHIBITION ON RETALIATION

All individuals associated with the campus should report observed or suspected Research Misconduct to the RIO or delegate promptly. Allegations may also be made anonymously through the University of California's independent reporting system, [EthicsPoint](#). An allegation should, in addition to stating the nature of the suspected misconduct, present the evidence that leads the reporting individual to believe that an incident of Research Misconduct has occurred. Any administrator, faculty or staff who receives a report of Research Misconduct shall notify the RIO and only take further action as directed by the RIO. Reports from outside the University should always be directed to the RIO.

Individuals unsure whether a suspected incident falls within the definition of Research Misconduct should contact the RIO or delegate to discuss the suspected misconduct informally.

If the circumstances described do not meet the definition of Research Misconduct, or allege other forms of misconduct, the RIO will refer the individual or allegation to the appropriate offices or officials with responsibility for resolving the non-Research Misconduct allegations. The RIO shall consult with the LDO or other appropriate administrative offices to coordinate a consistent and effective review and assessment of allegations of violations of multiple university or campus policies, or to coordinate interim measures to protect evidence, and against retaliation or interference with the process.

Individuals who report Research Misconduct or participate in any process under this Policy are protected from retaliation under the University's Whistleblower Policies; see Section XI.

VI. PRELIMINARY ASSESSMENT OF ALLEGATIONS OF RESEARCH MISCONDUCT

A. Purpose and Scope

The purpose of the preliminary assessment of an allegation of Research Misconduct is to determine whether an Inquiry into the allegation is appropriate. The preliminary assessment will be limited to determining:

1. Whether the allegation describes acts or omissions that fall within the definition of Research Misconduct.
2. Whether the relevant research or research-related activity is covered by the Policy.

And

3. Whether the allegation is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.

Only if the RIO answers all of the foregoing queries affirmatively will the matter proceed to an Inquiry. Otherwise, proceedings under this Policy will terminate and the decision will be documented.

B. Time to Complete

The RIO will use best efforts to conduct and complete the preliminary assessment promptly. If the RIO cannot complete the preliminary assessment promptly, the reasons will be recorded and the assessment completed thereafter as soon as reasonably and responsibly possible.

C. Notifications

If the matter proceeds to Inquiry, the RIO will notify the Respondent as outlined in Section VII.C.3. The Complainant may be notified. The RIO will notify external agencies if required by applicable law or regulation.

VII. INQUIRY INTO ALLEGATIONS OF RESEARCH MISCONDUCT

A. Purpose

B. The purpose of the Inquiry is to determine whether there is sufficient substance to the allegation to warrant a formal Investigation. It is not the purpose of the Inquiry to reach a final conclusion about whether misconduct occurred or who was responsible. Time to Complete

The Inquiry should be completed within ninety (90) days of its initiation unless the RIO determines that circumstances warrant a longer period. If the Inquiry phase is extended beyond ninety days, the RIO will record the reasons and notify the Respondent(s).

C. Preliminary Matters

1. **Inquiry Committee.** The Inquiry will be performed by one (1) to three (3) individual(s) appointed by the RIO. Person(s) conducting the Inquiry may not have unresolved real or apparent personal, professional or financial conflicts of interest with the Complainant(s), Respondent(s), or Witness(es), is/are unbiased, and has/have appropriate expertise to evaluate the evidence and issues related to the allegation, and may interview the principals and witnesses. Simply knowing and/or have interacted in some professional way with the Complainant(s), Respondent(s), or Witness(es), does not constitute a conflict of interest per se.
2. **Charge.** The RIO will provide the Inquiry Committee with the purpose of the Inquiry, a description of the allegations and a description of any related issues identified during the preliminary assessment.
3. **Notice to the Respondent.** At the time of or before beginning an Inquiry, the RIO will make a good faith effort to notify the Respondent in writing of the nature of the allegation of research misconduct, that an Inquiry will be conducted to decide whether to proceed with an investigation, the membership of the Inquiry Committee, and the procedures that will be followed. The notice should include a copy of this Policy.

In an instance where another proceeding has collected sufficient evidence to meet the criteria in Section VII.D, the RIO may use that evidence to initiate an Investigation without Inquiry in the interests of prompt resolution. The RIO will make a good faith effort to notify the Respondent in writing of the nature of the allegation of research misconduct (which may be a report) and the procedures that will be followed. The notice should include a copy of this Policy.

4. **Objections to the Person(s) Conducting the Inquiry.** Within five (5) days of receipt of notification of the Inquiry Committee member(s), the Respondent may challenge, in writing, any member based on bias or conflict of interest. If an Inquiry Committee member is challenged, the RIO will determine whether to replace the challenged member and inform the Respondent in writing of the determination within five (5) days of receipt of the challenge.

5. **Sequestration of Records.** If not previously completed, on or before the date the Respondent is notified or the Inquiry begins (whichever is earlier), the RIO will take all reasonable and practical steps to obtain custody of all research records and evidence needed to conduct the Research Misconduct proceedings. Research records or evidence are to be sequestered in a secure manner, except where they consist of scientific instruments shared by numerous users. In such cases, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. Where appropriate, the Respondent will be given copies of, or reasonable, supervised access to, the research records.
6. **Inquiry Notifications.** The RIO may notify others with a need to know that an Inquiry has been initiated. This includes, but is not limited to, federal agencies, private sponsors, publishers, the Complainant's and the Respondent's Department Head and/or Dean, the Executive Vice Chancellor (for academic appointees), appropriate Vice Chancellor, the LDO, and/or Graduate/Undergraduate Deans.

D. Conducting the Inquiry

1. The **Inquiry Phase** will determine whether there is sufficient evidence of possible Research Misconduct to warrant an Investigation. An Investigation is warranted if there is:
 - a) A reasonable basis for concluding that the allegation falls within the definition of Research Misconduct.And
 - b) Preliminary information-gathering and fact-finding indicate that the allegation may have substance.
2. **Interviewing Individuals.** Any individual identified as having information or evidence relevant to the Inquiry Committee's determinations, including, but not limited to, the Complainant and the Respondent may be interviewed in accordance with IV.C.
3. If the Inquiry subsequently identifies additional Respondents, they must be notified by the RIO and provided with the information specified in Section VII.C.3.

E. Inquiry Report

1. When the Inquiry is concluded, the Committee will prepare a written draft Inquiry Report, which includes:
 - a) The name and position of the Respondent and Complainant (if known). In some cases, the Respondent may have made statements implicating they engaged in potential misconduct, if so, this should be listed in the report and there is no complainant in such case.
 - b) A description of the research misconduct allegation(s).
 - c) Name(s) and title(s) of the Inquiry Committee member(s) and expert(s), if any.

- d) A summary of the Inquiry process used.
 - e) A description of the evidence reviewed, including research records reviewed.
 - f) List of any interviews conducted.
 - g) List of associated funding, if any.
 - h) For each allegation, the basis for recommending that the allegation warrants an investigation or the basis for recommending that the allegation does not merit an investigation.
- 2. The RIO or UCR Office of Legal Affairs may review the report to ensure that the committee has completed its charge, the report provides sufficient information to justify the committee's findings, the report does not include information that is inappropriate, and the report is in proper form.
 - 3. The Committee shall provide a copy of the draft Inquiry Report to the Respondent, who may, within seven (7) days of receipt, submit comments to the Inquiry Committee. The Committee shall consider any comments provided by the Respondent and produce a final Inquiry Report.

F. Concluding the Inquiry

- 1. Concluding the Inquiry with a Determination that an Investigation Is Warranted. If the Inquiry Committee determines that an Investigation is warranted, it will prepare the Inquiry Report detailed in VII.E.1 and submit the final Inquiry Report to the RIO.
- 2. Concluding the Inquiry with a Determination that an Investigation is Not Warranted. If the Inquiry Committee determines that an Investigation is not warranted, it will the Inquiry Report detailed in VII.E.1 to permit a later assessment by the RIO or third parties of the reasons for not conducting an Investigation.
- 3. Terminating Inquiry before its completion. If an Inquiry is terminated before its completion, a report of the planned termination, including the reasons for such an action, will be prepared. This report will made available to the funding agencies that require it, as determined by the RIO.

G. Notice of the results of the Inquiry

- 1. Notice to the Respondent. The RIO must notify the Respondent whether or not the Inquiry found that an Investigation is warranted and that the process will move to the Investigation phase. The notice must include a copy of the final Inquiry Report.
- 2. Notice to the Complainant. The RIO may notify the Complainant whether the Inquiry found that an Investigation is warranted. The RIO may provide relevant portions of the Inquiry Report to the Complainant.

3. Notice to Agencies. Within thirty (30) days of finding that an Investigation is warranted, the RIO will inform the agencies that require it of the decision to move forward to an Investigation and provide a copy of the Inquiry Report.

VIII. INVESTIGATION OF ALLEGATIONS OF RESEARCH MISCONDUCT

A. Purpose

The purpose of the Investigation is to explore in detail the allegations, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The Investigation will also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the initial allegation.

B. Time

1. The Investigation will begin within thirty (30) days or within a reasonable time after the determination has been made that an Investigation is warranted. If an extension is needed, the reason and length of the extension should be documented by the RIO. If required by applicable law or regulation, the RIO will request an extension from the agency.
2. The Investigation Committee shall use best efforts to ensure that the Investigation is completed within 180 days of its commencement, including conducting the Investigation, preparing the report of findings, providing the draft report for comment in accordance with Section VIII.E.1 below, and forwarding the final report to the RIO with adequate time for submission to agencies if required by applicable law or regulation.

Extension of Time Limit. If the Investigation Committee is unable to complete the Investigation in 180 days, it will request an extension from the RIO. The RIO may at their sole discretion extend the time for completion of the Investigation for a reasonable period. If the Investigation is governed by applicable agencies and if required by applicable law or regulation, the RIO will request an extension from the agency. Such requests should include documentation of the circumstances or issues warranting additional time.

C. Preliminary Matters

1. The Investigation Committee. The Investigation will be performed by an Investigation Committee appointed by the RIO. The Investigation Committee should consist of one (1) to three (3) individual(s). Person(s) conducting the Investigation may not have unresolved real or apparent personal, professional or financial conflicts of interest with the Complainant(s), Respondent(s), or Witness(es), is/are unbiased, and has/have appropriate expertise to evaluate the evidence and issues related to the allegation, and who shall interview the principals and witnesses, and conduct the Investigation. Simply knowing and/or have interacted in some professional way with the Complainant(s), Respondent(s), or Witness(es), does not constitute a conflict of interest per se. The Investigation Committee may include members of, or have the same composition as, the Inquiry Committee.

2. **Scope.** The RIO will provide the Investigation Committee with the purpose of the Investigation, a description of the allegations and related issues identified during the Inquiry, and task the committee with evaluating the evidence and testimony of the Respondent(s), Complainant(s), and Witnesses to determine whether, based on a Preponderance of the Evidence, Research Misconduct occurred and, if so, to what extent, who was responsible, and its seriousness.
3. **Notice of Investigation Committee Composition and Right to Object.** The RIO will notify the Respondent(s) in writing of the membership of the Investigation Committee. If the composition of the Investigation Committee differs from the Inquiry Committee, the Respondent may challenge, in writing, any previously unvetted committee member based on bias or conflict of interest within (5) days of receipt of notification. The RIO will determine whether to replace the challenged member and inform the Respondent in writing of the determination within five (5) days of receipt of the challenge.

D. Conducting the Investigation

1. **Investigation Committee.** An Investigation Committee is appointed to determine if Research Misconduct has occurred, and, if so, to determine the responsible person, the seriousness of the misconduct, and recommendations with respect to the imposition of disciplinary sanctions.
2. **Interviewing Individuals.** The Investigation Committee may interview any individual it identifies as having information or evidence relevant to the Committee's determinations in accordance with IV.C, including the Complainant(s), Respondent(s), and Witness(es).

The Respondent must not be present during the witnesses' interviews but may be provided with a redacted transcript of the interview.

3. **Pursue Leads; Expansion of Scope.** The Investigation Committee will pursue diligently all significant issues and leads that are determined relevant to the Investigation, including any evidence of additional instances of possible research misconduct, and continue the Investigation to completion. Whenever possible, the institution must take custody of the additional records when items become known or relevant to the investigation. During the Investigation, if additional information becomes available that substantially changes the scope of the Investigation or would suggest additional Respondents, the Investigation Committee will notify the RIO. The RIO will determine whether it is necessary to amend the scope of the investigation and notify the Respondent. If the Investigation subsequently identifies additional Respondents, they must be notified by the RIO and provided with the information specified in Section VII.C.3, and a separate Inquiry will not be conducted.
4. **Immediate Notification of Agencies.** If at any time the Investigation Committee has reason to believe that any of the circumstances listed in Section IV.D exist, it will immediately inform the RIO, who will notify the appropriate agency.
5. **Standard of Proof**

- a) The standard of proof for finding research misconduct occurred is preponderance of the evidence.
 - b) The destruction, absence of, or Respondent's failure to provide research records adequately documenting the questioned research is considered evidence of research misconduct, provided there is a preponderance of the evidence that the Respondent intentionally, knowingly, or recklessly destroyed research records, failed to maintain the records, or maintained the records and failed to produce them in a timely manner, and that the Respondent's conduct constitutes a significant departure from accepted practices of the relevant research community.
 - c) In determining whether the evidence satisfies the standard of proof, the Investigation Committee will give appropriate consideration to credible evidence of honest error or difference of opinion presented by the Respondent.
6. **Finding of Research Misconduct.** A finding of Research Misconduct will be made if the criteria defined in I.C are met.

E. Concluding the Investigation

- 1. Upon the conclusion of the Investigation, the Investigation Committee will prepare a draft Investigation Report that will:
 - a) Describe the allegation(s) of Research Misconduct investigated.
 - b) Identify and summarize the research records and other evidence reviewed, including, if applicable, transcripts of interviews conducted and scientific or forensic analyses.
 - c) Describe the sequestration process, if applicable.
 - d) Describe and document any current or pending funding support related to the Research Misconduct allegations, e.g., awarded grant numbers, grant applications (including pending and past federal applications), contracts, and/or publications listing such support.
 - e) Name(s) and title(s) of the Investigation Committee member(s) and expert(s), if applicable.
 - f) For each separate allegation of Research Misconduct identified during the Investigation,

- (i) Identify the person(s) responsible for the misconduct.
 - (ii) Identify whether the Research Misconduct was falsification, fabrication, or plagiarism, and if it was Research Misconduct as defined in I.C.
 - (iii) Provide a finding as to whether Research Misconduct did or did not occur.
 - (iv) Summarize the facts and analysis which support the conclusion and consider the merits of any reasonable explanation by the Respondent.
 - (v) Identify the specific research records that allegedly contain the falsified, fabricated, or plagiarized material, e.g., published papers, manuscripts submitted but not accepted for publication (including online publication), funding applications, progress reports, presentations, posters, or other research records.
- g) Identify whether any publications need correction or retraction.
- 2. The Respondent will have thirty (30) days to review the draft Investigation Report and provide written comments to be included in the final Investigation Report. The Respondent may have access to copies of, or supervised access to, the research records and evidence that the Committee relied on, redacted, if appropriate.
 - 3. The Committee will consider any comments provided and produce a final Investigation Report. The findings of the final Investigation Report should take into account the Respondent's relevant comments in addition to all the other evidence.
 - 4. The Investigation Committee will submit the final Investigation Report to the IDO. If the investigation concludes that research misconduct occurred, in a separate communication to the IDO the Investigation Committee must offer its recommendations with respect to disciplinary sanctions or explain why sanctions should not be imposed.

F. Notice of the Results of the Investigation

- 1. **Notice to the Respondent.** The IDO will make the final determination of research misconduct findings. The IDO's decision is final. The IDO will notify the Respondent of the decision in writing and provide the Respondent with a copy of the final Investigation Report.
- 2. **Notice to the Complainant.** The IDO may provide the Complainant with relevant portions of the final Investigation Report.
- 3. **Notice to Agencies.** At the completion of the Investigation, agencies that require it will be provided with a copy of the final Investigation Report, the supporting research files and evidence, and the recommended institutional actions to be taken.
- 4. **Notification to Publishers.** The IDO or RIO will notify publishers if a retraction or correction of research records is recommended by the Investigation Committee and agreed upon by the IDO. This does not constitute a disciplinary action.

IX. MAINTENANCE OF INVESTIGATION RECORDS

At the completion of the Research Misconduct process, all records including all documentary evidence, interview notes, and reports related to the Assessment, Inquiry and Investigation, will be maintained in a secure manner in the UCR Office of Research and Economic Development for seven (7) years, or longer if required by applicable federal agencies.

X. POST-INVESTIGATION PROCEEDINGS (ADJUDICATION)

A. Investigation Concludes no Research Misconduct Occurred

UCR will make all reasonable and practical efforts, if requested and as the IDO deems appropriate, to protect or restore the reputation of any Respondent whom an Investigation Committee has concluded has not engaged in Research Misconduct. UCR shall also take appropriate measures to protect any Complainant, Witness or Committee member involved in the process from any retaliation.

B. Investigation Concludes Research Misconduct Occurred

There is no appeal process for the IDO's final determination of research misconduct findings. Following the conclusion of an Investigation, the matter will proceed under the applicable disciplinary process listed below:

1. Respondent is a Member of the Academic Senate. The IDO will submit their research misconduct findings and recommend disciplinary actions to the Vice Provost for Administrative Resolution (VPAR) with an Academic Complaint form in accordance with the provisions of the Bylaws of the Riverside Division of the Academic Senate, Appendix 5. Consistent with federal rules, it is the IDO's determination about whether or not research misconduct occurred, applying the preponderance of the evidence standard, that represents the University's "final" determination about research misconduct. Post-investigation disciplinary procedures (UCR Senate Appendix 5 and UC Senate Bylaw 336, which may involve a higher "clear and convincing" standard of proof) serve a different purpose and do not unsettle the finality of the IDO's earlier determination of a finding of research misconduct.
2. Respondent is a Non-Senate Academic Appointee (Visiting Scholars, Post-Doctoral Fellows, Professional Researchers, Non-Faculty Academics, etc.). The IDO will refer the recommended disciplinary actions to, and share the investigation report with, the Academic Personnel Office (APO). The APO will notify the researcher in writing prior to disciplinary sanctions and provide the researcher the opportunity to respond to the proposed disciplinary sanctions. If discipline is imposed without the agreement of the Non-Senate academic appointee, the appeal process described in the Academic Personnel Manual Section 140 "Non-Senate Academic Appointees/Grievances" shall be invoked.
3. Respondent is a Staff Employee. The IDO will refer the recommended disciplinary actions to, and share the investigation report with, the Associate Vice Chancellor and Chief Human Resources Officer (AVC-CHRO), to determine appropriate next steps for imposition of

discipline in accordance with PPSM 62 and 64, and, if applicable, the appropriate collective bargaining agreement. The AVC-CHRO may refer the imposition of discipline or other appropriate measures to the unit head of the staff employee's department.

4. Respondent is a Graduate or Undergraduate Student. The IDO will forward the disciplinary recommendations and the investigation report to the Vice Provost and Dean of Graduate Studies (graduate students) or Dean of Students (undergraduate students) to determine appropriate next steps for the imposition of discipline in accordance with the applicable University policy.

XI. OTHER RELATED UNIVERSITY OF CALIFORNIA POLICIES

1. University Policy on Integrity in Research (<https://policy.ucop.edu/doc/2500496>).
2. UC Regents Policy IIII, 2005 revised 2017, <https://regents.universityofcalifornia.edu/governance/policies/IIII.html>
3. UC Policies Applying to Campus Activities, Organizations, and Students, Part A, Section 100.00, Policy on Student Conduct and Discipline, and Section 110.00, Policy on Student Grievance Procedures (<https://www.ucop.edu/student-equity-affairs/policies/pacaos.html>).
4. UC Policy on Reporting and Investigating Allegations of Suspected Improper Governmental Activities (Whistleblower Policy) (<https://policy.ucop.edu/doc/1100171>) and Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints (Whistleblower Protection Policy) (<https://policy.ucop.edu/doc/1100563>).
5. The University of California Electronic Communications Policy (<http://policy.ucop.edu/doc/7000470>) establishes principles, rules, and procedures applying to all members of the University community to specifically address issues particular to the use of electronic communications.

History of Revisions:

This Policy was amended effective [December __,] 2025. It supersedes and replaces the 11/1/2006 version of UCR Policy 529-900, Title: Policy and Procedures for Responding to Allegations of Research Misconduct.

The 2006 amendments made revisions and clarifications, updating broken links.

Policy 529-900, 'Policy and Procedures for Responding to Allegations of Research Misconduct' revisions

ORI published the revised Updated to be compliant with the revised 42 CFR Part 93 on September 17, 2024 and compliant institutional policies are required to be in place by January 1, 2026.

Key changes in ORI's revised Final rule:

- Formalized the Assessment stage
- Became more prescriptive in what needed to be included in the Inquiry Report and Institutional Record
- Increased the Investigation time limit from 120 to 180 days
- Added definitions
- Stated the RIO and IDO could not be the same person
- Narrowed the Subsequent Use Exception
- Confidentiality – clarified the 'need to know' concept and states the confidentiality restriction is only applies until the institution has made its final determination
- Changed the verbiage of the Respondent Record Retention (what is in the policy is from the previous version of ORI's policy)
- Stated all interviews must be transcribed. In addition to the interviewee being given a copy for comments, the institution is required to give copies of the transcripts to the respondents.
- Clarified that the institution's determination is final
- Added guidelines for multi-institutional proceedings

The 2005 version of UCR policy 529-900 was written to mirror the ORI regulation. The current draft has been written to balance the need to be compliant with the new ORI regulations and yet not be overly prescriptive for non-PHS proceedings. The policy has been reorganized to consolidate duplicative materials and make the process easier to follow.

- Section II: Additional definitions added
- Section III: VCR/IDO roles duties separated out from the AVC/RIO roles and duties
- Section III.B.3 revised to, "Fosters a research environment that discourages Research Misconduct and creates educational opportunities and resources to prevent its occurrence."
- Section IV.A: exceptions clarified for the confidentiality of proceedings
- Section IV.C: 'interviewing individuals' section revised to be compliant with state regulations and the revised Rule
- Section V: Reporting Allegations of Research Misconduct has been revised
- Section VII.E.1.a: Self implication
- Section VIII.D. 5: Standard of Proof definition based on 2005 version of the ORI policy
- Section VIII.F.4: clarification that requestions a retraction or correction of a publication is not a disciplinary action.
- Section X: Clarifying that the Adjudication is a separate process and naming the institutional bodies responsible.
This section still needs to be finalized.